NAVHOSP29PALMSINST 6300.5B
Code 0905
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NAVAL HOSPITAL TWENTYNINE PALMS INSTRUCTION 6300.5B

From: Commanding Officer

Subj: WORLDWIDE OUTPATIENT REPORTING SYSTEM (WORS)

Ref: (a) DoD Manual 6010.13M
       (b) BUMEDINST 6300.2A
       (c) NAVHOSP29PALMSINST 6010.6C

Encl: (1) Worldwide Outpatient Reporting System (WORS) Data
           Entry Sheet
       (2) Instructions for completing enclosure (1)
       (3) WORS Definitions

1. Purpose. To establish guidelines and procedures for
outpatient care clinic workload reporting through the Worldwide
Outpatient Reporting System (WORS) pursuant to references (a)
and (b).

2. Cancellation. NAVHOSP29PALMSINST 6300.5A.

3. Background. All ambulatory care clinics must collect and
accurately report standardized workload data. Data forms the
basis of budget estimates, clinical departments productivity
analysis and personnel requirements. Command resources are
inextricably linked to the level of workload reported under the
WORS Program.

4. Policy. Naval Hospital, Twentynine Palms, will strictly
adhere to the definitions established by references (a) and (b),
as well as local WORS guidance to ensure comparability of the
data reported by different clinical areas. Also, personnel
preparing this report will coordinate their efforts with their
local Medical Expense and Reporting System (MEPRS) Coordinators
and the Command's MEPRS Coordinator ensure consistent
identification, recording, accumulating, and reporting data
established by reference (c). This report partially provides the
database input for MEPRS. It is crucial that the data reported
in MEPRS and WORS be identical.

5. Action

    a. Comptroller shall:

        (1) Be designated as the WORS Program Manager and will
exercise management, direction, and maintenance of the Command
WORS Program.

(2) Assign a Command WORS Coordinator.

(3) Provide assistance in technical review and to interpret instructions, as necessary.

(4) Ensure accuracy of data submitted to Naval Medical Information Management Center (NMIMC).

b.   Command WORS Coordinator shall:

(1) Provide assistance and training to departmental WORS Coordinators.

(2) Ensure that the appropriate WORS reports are completed and submitted within the time frame specified.

(3) Provide WORS information to MEPRS/WORS Coordinator/ Alternates to assist with the accurate submission of WORS data.

(4) Conduct random audits to ensure that the requirements of this instruction and references (a) and (b) are being complied with.

(5) Ensure that all data collected has been verified by the WORS Program Manager for competency and accuracy before submission to higher echelon.

(6) Submit outpatient data from Micro-WORS on a monthly basis to NMIMC by the fifth working day of the month.

c.   Department Heads of Ambulatory Clinics shall:

(1) Assign responsible WORS/MEPRS Coordinators /Alternates, who shall ensure the requirements of this instruction are complied with.

(2) Review and verify enclosure (1) for accuracy.

(3) Ensure enclosure (1) is submitted to Command WORS Coordinator by close of business on the first working day after the reporting period.

d.   WORS/MEPRS Coordinators and Alternates shall:

(1) Be familiar with the contents of this instruction and references (a) and (b).

(2) Ensure that enclosure (1) is accurately completed.

      (3) Ensure data collected is a detailed breakdown of departmental workload.

      (4) Ensure reports are reviewed by the department head prior to submission.

      (5) Report the actual workload produced at each workcenter.

      (6) Maintain records for a period of three years to provide and audit trail and substantiate reported information.

      (7) Use enclosure (2) as a guide to complete enclosure (1).

   e. All staff personnel who check in patients for treatment or services shall:

      (1) Audit medical records to verify the accuracy of the data reported.

      (2) Document all telephone consultations in the patient's medical record and report as visits.

      (3) Ensure that reported conditions are the final diagnosis, not the chief complaint.

6. <u>Forms</u>. Worldwide Outpatient Reporting System (WORS) Data Entry sheet is available through the Command WORS Coordinator.

C. S. CHITWOOD

Distribution:
List A

WORLDWIDE OUTPATIENT REPORTING SYSTEM (WORKS)DATA ENTRY

Month: _____   MEPRS Code: _____   Clinic Name: _____

OUTPATIENT VISIT DATA ENTRY								
	NAVY	USMC	ARMY	AIR FORCE	COAST GUARD	NOAA	PHS	TOTALS
Active Duty								
Active Duty Dependent								
Retired								
Retired Dependent & Survivors								
Totals								
Other:				Occupational Related:				

INPATIENT VISIT DATA ENTRY								
	NAVY	USMC	ARMY	AIR FORCE	COAST GUARD	NOAA	PHS	TOTALS
Active Duty								
Active Duty Dependent								
Retired								
Retired Dependent & Survivors								
Totals								
Other:				Occupational Related:				

Summary Totals	This month	Previous month	Note: Provide explanation comments in this section if the summary total differences between the two months exceed 21%.
Total Others:			
Total Outpatient Visits:			
Total Inpatient Visit:			
Total Visit:			

Data certification signature:

MEPRS Coordinator: _____

Department head: _____

This form is used to record visit data. Only data from "B" MEPRS codes (BHAA, BAAA, etc) are to be used. Complete and certified form is due to Command MEPRS Coordinator by 1600 on the 1st workday of the new month (e.g. Feb 95 data would be due on 1 Mar 95). Data which is not certified by the Department head or (or acting Department Head) **will not be accepted**.

(over)

WORDS DATA ENTRY (Continued)

Medical services data

	NAVY	USMC	ARMY	AIR FORCE	COAST GUARD	NOAA	PHS	TOTAL
ADMITTED TO QUARTERS								
QUARTER DAYS								
MEDICAL HOLD DAYS								

	NAVY	USMC	OTHER	TOTAL
COMPLETED PHYSICALS				
FLIGHT PHYSICALS				
VASECTOMIES				

	FBI	OTHER	TOTAL
IMMUNIZATIONS			
SCREENING TESTS			
AUDIOGRAM (Total number performed)			

Instructions for filling out this form can found in NAVHOSP29PALMSINST 6300.5B

INSTRUCTION FOR COMPLETING ENCLOSURE (1)
WORLDWIDE OUTPATIENT REPORTING SYSTEM (WORS) DATA ENTRY

1. Month: Enter the month for which data is being reported.

2. MEPRS Code: Enter the appropriate MEPRS Code for the
reporting clinic.

3. Clinic Name: Enter the reporting clinic name.

4. Outpatient Visits: Record the total number of patients seen
as outpatients visits by service and patient category.

5. Inpatient Visits: Record the total number of patients seen
as inpatients visits by service and patient category.

6. Summary Totals: Enter the totals for the current and
previous month. Provide explanations for any differences that
exceed 21%.

7. Data Certification: Data must be certified by the
departmental MEPRS/WORS Coordinator and the Department Head.

8. Medical Services Data:

    a. Admitted to Quarters: Record by service the number of
patients admitted to quarters for the month.

    b. Quarter Days: Record, by service, the number of days
patients are sick in quarters during the month.

    c. Medical Hold Days: Record, by service, the number of
days patients are in a medical hold status during the month.

    d. Completed Physicals: Record by Navy, USMC, and Other the
number of physicals that have been completed for the month.

    e. Flight Physicals: Record by Navy, USMC, and Other the
number of flight physicals that have been completed for the
month.

    f. Vasectomies: Record the number of vasectomies performed
during the month by Navy, USMC, and Other.

     g.   Immunizations: Record the number of immunizations given
during the month by the Federal Bureau of Investigation (FBI) or
Other.

     h.   Screening Tests: Record the number of screening tests
performed during the month by FBI or Other.

     i.   Audiograms: Record the total number performed under
Other for the month.

9.   Calculate the totals for each row and column where required.

l0. ALL completed Data Entry sheets are due to the WORS
Coordinator by close of business the first working day after the
end of the reporting period.

ll. The reporting period is one calendar month.

Enclosure (2)

WORS DEFINITIONS

ADMITTED TO QUARTERS: The number of patients actually admitted to quarters during the reporting period. A "quarters" patient is an active duty uniformed services member receiving outpatient medical treatment for a disease or injury that is of such a nature that, on the basis of sound professional judgment, that inpatient care is not required by the patient is too sick to return to duty. The quarters patient is treated on an outpatient basis and normally will be returned to duty within 72 hours. The quarters patient is excused from duty past midnight of the current day while under medical care and is permitted to remain at home, in quarters, or in clinic observation beds.

QUARTER PATIENT DAY: The summarized number of days per patient that were assigned to quarters because of a medical condition which temporarily prevents the patient from returning to duty. A "quarters" patient day shall be counted for each day a patient is in quarters status as of 2400 hours.

MEDICAL HOLDING DAYS: The number of days active duty members spend in a holding company. Active duty members that are hospitalized can be assigned or attached to a medical holding company and become part of the actual unit when well enough to leave an operating bed but not well enough to be sent back to a regular unit.

COMPLETE PHYSICALS: The number of complete physical examinations such as annual, enlistment, reenlistment, appointment, promotions retirement, periodic temporary disability retired list evaluation, and similar physicals. Does not include flight physicals. Visits made to various clinics incidental to the physical examinations shall be counted as visits in addition to this selective reporting. At least one outpatient or inpatient visit must be recorded for each completed physical examination conducted.

FLIGHT PHYSICALS: The number of persons given complete flight physical examinations by selected category, regardless of the number of visits to clinics counted and reported elsewhere. Additionally, at least one outpatient or inpatient visit must be recorded for each flight physical examination conducted. If multiple copies if the physical examination forms are filled out for Federal agency requirements, count the flight physical examination only once.

VASECTOMIES: The number of elective transcrotal vasectomies performed for family planning purposes.

IMMUNIZATIONS:

FBI: Total immunizations administered in a hospital workcenter of FBI. Count each injection or "dose" of an immunizing substance as an immunization, whether or not is completes a series. Count as only one immunization the double and triple immunizations given in a single series. Count as only one immunization the double and triple immunizations given in a single injection (i.e., DPT (diphtheria, pertussis, tetanus)). Immunizations include all administrations of an immunizing substance.

OTHER: Total immunizations administered in the hospital or clinic that are performed in workcenters other than FBI. See above.

SCREENING TESTS:

FBI: Total screening tests administered in the hospital or clinic workcenter of FBI. Count each screening test performed such as tuberculin or allergy screens.

OTHER: Total screening tests administered in the hospital or clinic workcenter other than FBI. See above.

VISIT: Healthcare characterized by the professional examination and/or evaluation of a patient and the delivery or prescription of a care regimen.

a. Visit Criteria. The three following criteria must be met before a visit can be counted.

(1) There must be interaction between an authorized patient and a healthcare provider.

(2) Independent judgement about the patient's care must be used, assessment of the patient's condition must be made and any of the following must be accomplished.

(a) Examination

(b) Diagnosis

Enclosure (3)

(c) Counseling

(d) Treatment

(3) Documentation must be made in the patient's authorized record of medical treatment. Documentation must include at least the date, name of the clinic, reason for visit, assessment of the patient, description of the interaction between the patient and the healthcare provider, disposition, and signature of the provider of care. Repetitive clinic visits for prescribed treatment to specialty clinics, e.g., physical therapy and occupational therapy, will not require full documentation as stated above after the initial visit unless there is a change in the prescribed treatment. There must be final documentation upon completion of prescribed treatment. In all instances, a clear and acceptable audit trail must be maintained.

   b. Classification. Classification of a visit will not be dependent upon:

      (1) Professional level of the person providing the service such as a physician, nurse, physicians assistant, medical technicians/corpsman, or medical specialist.

      (2) Physical location of the patient.

      (3) Technique or methods of providing healthcare service (telephone or direct patient contact) when the criteria in paragraph a, are met.

   c. Types of Visits. The following types of visits are reportable when the criteria in paragraph a, are met:

      (1) Inpatient Visit. An inpatient visit will be counted for the following situations:

         (a) Each time an inpatient is seen within the admitting medical treatment facility (MTF) on a consultive basis in an outpatient clinic or in the physical examination and standards section for evaluation of profile changes.

         (b) Each time contact is made by clinic or specialty service members (other than the healthcare providers from the treating clinic or specialty service) with patients on

hospital unit/wards, when such services are scheduled through the respective clinic or specialty service (see paragraph c(3)c for second opinions requested by patients). For example, a physical therapist being requested by the attending healthcare provider to initiate certain therapy regimens to a patient who is in traction and unable to go to the clinic; a dietitian requested to come to the bedside of a strict bedrest patient to explain or delineate a particular diet. Conversely, a routine ward round made by a physical therapist or dietitian will not be counted as a visit. See paragraph d(2) for the handling of all ward/grand rounds.

      (2) Outpatient Visit. An outpatient visit can be counted for the following situations:

      (a) All visits to a separately organized clinic or specialty service made by patients who have not been admitted to the reporting MTF as an inpatient.

      (b) Each time medical advice or consultation is provided to the patient by telephone, if the criteria in paragraph a, are met.

      (c) Each time a patient's treatment/evaluation results in an admission and is not part of the preadmission or admission process.

      (d) Each time all or part of a complete or flight physical examination, regardless of type, is performed in a separately organized clinic or specialty service. Under this rule, a completed physical examination requiring patient to be examined or evaluated in four different clinics is reported a visit in each of the four clinics. For the handling of other types of examinations see paragraph d(l).

      (e) Each time an examination, evaluation, or treatment is provided through a MTF sanctioned healthcare program in the home, school, work site, community center, or other location outside of a Department of Defense MTF by a healthcare provider paid from appropriated funds.

      (f) Each time one of the following tasks is performed when not a part of routine medical care (when the visit is associated with or related to the treatment of a patient for a specific condition requiring follow-up to a physical examination and when the medical record is properly documented in accordance with the criteria of paragraph a,):

     <u>1</u> Therapeutic or desensitization injections

     <u>2</u> Cancer detection tests (e.g., PAP smear)

     <u>3</u> Blood pressure measurements

     <u>4</u> Weight measurements

     <u>5</u> Prescription renewals (not including refills)

   (3) Multiple Visits (inpatient or outpatient)

     (a) Multiclinic Visits. Multiple visits may be counted if a patient is provided care in different clinics or is referred from one care provider to another care provider for consultation on SF 513. A patient seen at the primary care clinic and at two other specialty clinics on the same day can be counted as three visits. A patient visiting a clinic in the morning and again in the afternoon can be reported as two visits if the first visit has been completed (patient evaluated, treated, dispositioned, and the required documentation made in the medical record). Only one visit can be counted if the visit in the afternoon is merely a continuation of the visit in the morning. These rules apply even if the patient is admitted to an inpatient status immediately following a clinic visit. Two visits can be counted when an occupational or physical therapist provides primary care (patient assessment while serving in a physician extender role) and subsequently refers the patient for specialized treatment in the same clinic on the same day.

     (b) Group Visits. Only the primary provider of group sessions may count one visit per patient if the criteria in paragraph a, are met.

     (c) Multiprovider Visits. When a patient is seen by more than one healthcare provider in the same clinic for the same episode of care, only one visit is counted per patient. If a second opinion is requested, a visit can be counted provided the criteria is paragraph a, are met.

  d. Services Not Reportable as Visits.

     (1) Occasions of Service. Without an assessment of the patient's condition or the exercise of independent judgment as to

the patient's care, screening examinations, procedures, or tests are classified as an "occasion of service" because they do not meet the criteria of paragraph a.

       (2) Ward Rounds/Grand Rounds. Ward rounds and grand rounds are considered part of the inpatient care regimen and are not counted as inpatient visits. Visits by an inpatient to an outpatient clinic for the convenience of the provider and inlieu of ward or grand rounds will not be counted.

       (3) Group education and information sessions that do not meet the criteria in paragraph a.

       (4) Care rendered by provider paid from nonappropriated funds.

Enclosure (3)